

NV Care Ltd

Accessible Care

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected this service on 9, 10 and 11 May 2016. The inspection was announced. The provider was given two working days' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the locations office to see us.

Accessible Care is a domiciliary care agency which provides personal care and support for people in their own homes. The agency provides care for people in Maidstone and the surrounding villages. The service includes short term respite care as well as long term care. At the time of our inspection they were supporting approximately 280 people.

There was a registered manager in place who was also the provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The feedback we received from people using the service was excellent. People and their relative's spoke very highly of the management team and staff. For example, one relative said "From day one they knew my mum, they found out her likes and dislikes and they encourage her to do things for herself we are very happy." One person said, "Couldn't get any better care."

The registered manager was committed to continuous improvement, and, feedback from people was used as an opportunity for improvement. Processes were in place to continually monitor and review the quality of the service being provided to people. People gave their feedback on a regular basis and changes were made to the service as a result. The registered manager demonstrated the organisation's values and a desire to learn about and implement best practise through links with the local community.

People experienced a service that was safe. They received support and assistance from enough staff to fulfil their expected care packages and meet their assessed needs. Staff, the registered manager and the management team had received training about protecting people from abuse, and they knew what action to take if they suspected abuse. Risks to people's and staff's safety had been assessed and recorded with measures put into place to manage any hazards identified.

Staff had a full understanding of people's care needs and had the skills and knowledge to meet them. People received consistent support from staff who knew them well. People were treated with dignity and respect by staff who also maintained people's privacy. People's independence was maintained and encouraged by staff.

People's needs had been assessed to identify the care and support they required. Care and support was planned with people and regularly reviewed to make sure people continued to have the support they needed. Detailed guidance was provided to staff within people's homes about how to provide all areas of

the care and support people needed. People, if required were supported to eat and drink enough to maintain good health.

Recruitment practices were safe and checks were carried out to make sure staff were suitable to work with people who needed care and support.

Where staff were involved in assisting to managing people's medicines, they did so safely. Policies and procedures were in place for the safe administration of medicines and staff had been trained and assessed to administer medicines safely.

Staff were trained to meet people's needs. Robust induction processes were in place to ensure staff were able and confident to meet people's needs. The provider encouraged staff to undertake additional qualifications to develop their skills. Staff were supported in their role and encouraged to develop from the management team.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from the risk of harm. People felt safe when receiving support. Staff understood the importance of protecting people from abuse and the action to take if they suspected abuse.

Risks to the safety of people and staff were appropriately assessed and managed.

There were enough trained staff to meet people's assessed needs. Recruitment practices were safe and followed current guidance.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff were trained and supported to have the knowledge and skills to meet people's assessed needs.

Where it was part of people's care package, staff understood the importance of ensuring people had enough to eat and drink to meet their needs.

Staff understood the importance of gaining consent from people before they delivered any care.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and caring. People's privacy and dignity were maintained whilst promoting people's independence.

People were involved in the development of their care plans. People's personal preferences were recorded and maintained by staff.

Staff had access to people's likes, dislikes and personal histories and used this information to build rapport.

Is the service responsive?

Outstanding ☆

The responsiveness of the service was outstanding.

The complaints procedure was available and in an accessible format to people using the service. People were actively encouraged to give their views on the service they received.

People's needs were assessed recorded and reviewed with them on a regular basis.

Systems were in place to ensure staff were responding to people's needs. Changes in people's needs were quickly recognised with prompt action taken.

People were always included in decisions about their care.

Is the service well-led?

Good ●

The service was well-led.

The registered manager promoted strong values, a clear vision and an open culture.

There were robust effective systems for assessing, monitoring and developing the quality of the service being provided to people.

Records were maintained appropriately and were up to date.

The registered manager and office manager understood their role and responsibility to provide quality care and support to people.

Accessible Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9, 10 and 11 May 2016 and was announced. The inspection team consisted of two inspectors. The provider was given 48 hours' notice because the service provides a domiciliary care service; we needed to be sure that the registered manager was available and someone would be in.

Before the inspection we looked at previous inspection reports and notifications about important events that had taken place at the service, which the provider is required to tell us by law.

We spoke with 19 people about their experience of the service. We met with two people to discuss their experience of the service. We spoke with six staff, the registered manager who was also the provider, the office manager and the recruitment officer to gain their views.

We asked six healthcare professionals for their views and experience of the service.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems, internal audits and the quality assurance system. We looked at 14 people's care files, six staff record files, the staff training programme, the staff rota and newsletters.

A previous inspection took place on 6 May 2014; the service had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Is the service safe?

Our findings

People we spoke with said they felt safe with the staff that supported them. Their comments included, "I can rely on my carer she always comes." And "I feel safe because I recognise the carers who come." And "I feel completely safe. They treat me well."

There was a safeguarding policy in place. Staff were aware of how to protect people and the action to take if they suspected abuse. Staff received training in safeguard adults and children. Staff were able to describe the potential signs of abuse and what they would do if they had any concerns such as contacting the registered office, Social Services or the Care Quality Commission (CQC). One member of staff said "I would contact the office and get advice and report it". Another said "'I'd phone my line manager". Safeguarding concerns had been raised by the registered manager to the local authority safeguarding team and CQC when necessary. A process was in place to monitor and record any actions taken following a safeguarding. One member of staff told us they had reported some concerns they had previously to the registered manager, who then reported the concerns to the local authority safeguarding team. The member of staff said that within two hours of the concerns being reported they received a phone call from the registered manager informing them of the action which had been taken.

Accidents and incidents were recorded with the details of the accident, description, details of the person completing the form and any action taken. These were monitored by the office manager on a monthly basis and also analysed six monthly. These audits helped the office manager to identify any potential patterns or trends.

Potential risks to people in their everyday lives had been assessed and recorded on an individual basis and to the care staff who supported them. For example, risks relating to personal care, medicines, management of health conditions, environmental risks and mobility. Each risk had been assessed to identify any potential hazards which were then followed by detailed control measures to inform staff how to reduce the risk. The risk assessment informed staff what people were able to do for themselves and what specific support they required from staff. Some people had restricted mobility, there was clear information within people's plans about how to support them when moving around their home and transferring in and out of chairs and their bed. If people required staff support to use of any equipment for their mobility, this included pictures of the equipment and step by step instructions for staff. People could be assured that the staff supporting them had up to date guidance to manage any risks.

There were sufficient numbers of care staff available to keep people safe. Staffing levels were assessed in line with the assessments of needs completed for the people who used the service. The service took into consideration the number of staff required to assist each person and the frequency of visits to each person. The recruitment officer said that they were constantly recruiting in order to fulfil any new contracts. The office manager told us that they would not take on a care package unless they could fulfil it long term. They said "When a referral comes in the coordinators look to see which staff are available and they have an overview of staffs annual leave and then plan for any potential sickness. The office manager had regular meetings with the recruitment officer to discuss the ongoing recruitment.

People we spoke with told us that they regularly had the same member of staff to support them. Comments included, "They usually send me the same person. They seem very organised and I've never been left without a call." and "Couldn't get any better care." The registered manager informed us the agency had not had any missed visits. On the few occasions care staff were going to be late to attend a visit they would telephone the registered office. Contact was then made with the person whose visit was going to be delayed in order that they were kept informed. This was confirmed by people that we spoke with who received a service.

Recruitment practices were safe and checks were carried out to make sure staff were suitable to work with people who needed care and support. Each staff file we viewed had a personnel file content checklist at the front which documented the information received as part of the recruitment process such as the documentation required, references, Disclose and Baring Service (DBS) background check and health and medical fitness. Potential staff's references had been signed by the recruitment officer to confirm that they had been verified and were satisfactory. People could be assured that the staff supporting them were safe to work with them.

There was a disciplinary procedure which outlined the requirements for managers and employees to follow, where staff were not performing their role to an acceptable standard, in line with the requirements of the company and the policies and procedures in place. Examples we saw showed that the office manager had followed the formal steps set out within the policy and procedure. For example, letters were sent outlining the concerns that had been raised, investigation meetings and outcome letters which detailed any action that was being taken.

Medicines were managed safely if people required support with this. There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current guidance. Staff completed training in medication administration during their induction and then completed a competency assessment where they were observed by a member of the management team. People had assessments completed with regards to their levels of capacity and whether they were able to administer their medicines independently or needed support. Guidance was available with a risk assessment detailing the support staff were required to give people with their medicines. People commented "My carer will always check that I have taken my medication." Another said, "They sign a sheet to say they've helped with my cream as it's prescribed."

Is the service effective?

Our findings

People we spoke with told us they felt the staff were well trained and skilled to meet their needs. Their comments included, "There has never been a time when I have felt that the staff do not know what they are doing," and "They are very caring they do extra things like taking the rubbish out before they go."

Staff were provided with a four day induction when they joined the service. This occurred before staff were able to work with people. The induction process included classroom based training with an external trainer who worked through mandatory and specialist training courses and completed assessments with staff to ensure that they meet the required level of knowledge and skill to undertake the role. Staff completed the Care Certificate during their 12 week probation period. Staff were also given a 'Welcome to the team' handbook which contained information about important policies that they may need to refer to whilst carrying out their roles.

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. Staff told us they had received the training they required to fulfil their role and meet people's needs. Training was broken down into three areas which were; induction training, which staff were required to attend before they began working, role specific training which was dependent on the needs of the people they were supporting and refresher training which was training that needed to be refreshed on a regular basis. New staff worked alongside more experienced staff within the community to meet people and get to know them before working unsupervised. Records were kept within staff's personnel files of the dates they shadowed other staff. Staff we spoke with all said they had completed shadowing shifts when they started their employment.

Staff were offered the opportunity to complete a formal qualification during their employment. For example, Qualification and Credit Framework (QCF) in Health and Social Care, this is an accredited qualification. Staff said that they were encouraged to develop their skills and progress in their careers. Staff also said that if they required additional training or support, they were able to ask for it.

People told us staff asked their consent before performing any care or support tasks. The registered manager, management team and staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005. Staff had been trained to understand and use these in practice for example, how they applied it to their work such as through capacity assessments and offering choices. One member of staff said "I treat everyone as an individual. They still have a right to be involved in their care and ensure they have as many choices as possible." Another member of staff said "If a client is unable to make a choice it's their family and services helping to make decisions in their best interests." Staff assumed that people had capacity in line with the MCA.

People's capacity to consent to care and support had been assessed and recorded within their care plans. A policy and procedure was in place to advise staff on any action they needed to take regarding a person's capacity. Records showed that these had been followed in relation to assessing people's capacity to make certain decisions. For example, people understanding prescribed medicines and consent to care and

treatment.

People using the service were living within their own homes and receiving support from staff. People told us they were happy with the support they received to eat and drink and were involved in decisions regarding the food they ate. Comments included, "I have a stock of food and I choose what to eat and what I want in my sandwiches for lunch.", "My carer will ask me what I want to eat that day." And "They always make sure I have a cup of tea and water before they leave."

People were supported at mealtimes to access food and drink of their choice. The support people received varied depending on people's individual circumstances. Care plans contained detailed information to inform staff of the support people required. Some people required support with preparing or heating meals and other people required support to eat their meals. Where people were identified as being at risk of malnutrition or dehydration staff recorded and monitored their food and fluid intake. Staff told us that before they left their visit they ensured people had what they needed and had access to a variety of drinks. Staff were trained and supported by nutritional specialists to meet some people's needs. For example, detailed guidance was available to staff to support people if they had a PEG fitted. PEG stands for percutaneous endoscopic gastrostomy, a surgical procedure for placing a feeding tube without having to perform an open operation on the abdomen. The aim of PEG is to feed those who cannot swallow. Staff had the skills and knowledge to meet people's specialist needs.

People if required, were supported to maintain good health. Guidelines were in place to inform staff of the specific support the person required during their call and any equipment staff were required to use. For example, one person received support to read their post to ensure that they attended all of their healthcare appointments. Staff were available to support people to access health care appointments if needed and liaised with health and social care professionals involved in their care if their support needs changed. Staff told us the management team responded quickly when they had raised concerns about someone's health. People we spoke with said, "When I was ill they got the doctor to me very quick." Another said "When they're here they focus on what I need. My health fluctuates so sometimes I need more help than others and they do that well." Staff had recorded within people's daily logs if they were concerned about people's health and the action they had taken. For example, a member of staff told us they had called an ambulance for someone they were concerned about.

Is the service caring?

Our findings

People we spoke with told us the staff were kind, caring and treated them with respect. People's comments included, "They are very good, very helpful and caring." Another said "Staff know my needs and protects my privacy and dignity." and "At Christmas the carer made everyone a little cake and my carer brings me a little treat once a week."

Comments from the annual service user survey included, 'I'd like to thank you all for your help and kindness over these last months.' 'Thank you to the organisation for a job well done in caring for me.' 'All the ladies you send me are all very good and spend time with me.' and 'All staff display great professionalism and more importantly spend time with my parents. This interaction is as important as the personal care regime.'

Staff were respectful of people's privacy and maintained their dignity. Staff described how they protected people's privacy and dignity. For example, closing doors and curtains and keeping as much of a person's body covered up whilst completing personal care tasks. Staff received training and guidance during their induction in relation to privacy and dignity. One person who received a service explained, "It's quite difficult having help with personal care but I've found if they're washing part of me they're not looking at other parts of my body. I've never found them to be intrusive. They never make me feel uncomfortable."

Staff understood the importance of promoting people's independence and this was reinforced in people's care plans. For example, one person's plan said the person 'Does as much as they can and then calls for staff assistance.' Staff explained how they provided support to people whilst maintaining their independence. For example, a member of staff said "I always try and promote people's independence, one lady I support when she makes a cup of tea I hold the cup whilst she pours the water, to maintain her skills. People we spoke with said, "They ask if they should put my washing on but I say I can do that myself." And "I'll do my front and they'll do my back, to promote my independence." Staff received training in the 'principles of person centred care' which included how to promote people's independence.

Staff were able to talk about the people they supported and explained people's likes and dislikes. They gave examples of how people liked to have their personal care delivered in different ways such as, some people had certain routines and other people preferred a bath to a shower. Staff told us that they read people's care plans before they met people to ensure they had up to date information. Staff commented, "It's in the care plan. The care plan is a brilliant thing." Another said, "I make sure I give them what they would like."

People were involved in the development of their care plans, which were specific to each individual. One person said, "The care the girls give me is good. They seem to know my routine." Another said, "They update my care plan regularly they came a few weeks ago." Information about people's personal histories was recorded in people's care plans. People were supported to complete a 'This is me' document which detailed people's likes, dislikes and their personal histories. For example, one person's said they had two cats. Another said the person enjoyed banger racing. The registered manager told us that these documents were sent out when people started to receive a service from Accessible Care, but they had found they were not always completed or returned. As a result the senior staff would take the document out with them when

they were completing people's reviews. This ensured everyone had a record within their care file of their likes, dislikes and personal histories.

People were able to provide feedback and express their views about the service they received through their reviews. These included face to face reviews four weeks after people's initial assessment and then three monthly. The registered manager told us that the service employed two members of staff whose job it was to carry out assessments and reviews with people. This was to ensure consistency for people. As a result of feedback from people's reviews the provider had started to send people rotas which showed who would be coming to support people.

Records we saw were up to date and were located quickly when needed. People's records were held securely within locked cabinets within the registered office. Only people who were able to have access to this information were able to access it.

Is the service responsive?

Our findings

People's care and support was planned with them. Everyone we spoke with, said that when their care was being planned before they started to receive a service from Accessible Care, a member of the management team spent time with them finding out their care and support needs, and how they wanted this to be provided. A commissioner from the local authority told us 'I am very fond of Accessible Care as they are very efficient.' People we spoke with said, "They came out and spent a lot of time with me to write my care plan so that staff knew what I needed them to do." Another said "We all have our different needs but they take the trouble to remember our individual needs." A third said, "Social services did the assessment and found Accessible Care for me, and I'm so glad they did."

Referral request forms were sent to the provider by the local authority. The office manager told us they had a process in place to respond to any new referrals within two hours but they usually responded within 30 minutes. The registered manager told us that they would never take on a package of support if they were not able to fulfil it long term, this was to ensure people received consistent support. People then received a 'welcome telephone call' from a member of the management team who then arranged a date to complete an assessment. At the initial assessment meeting people were given a copy of the 'service user's handbook'. This described the aims and objectives of the service, the philosophy, principles and values, a description of the services and facilities they offered and information regarding the complaints process. People had a say about the staff who supported them. Records showed one person had requested to change the member of staff which had been actioned by the management team. Another person had requested a change to the call they received in the afternoon, which was actioned by the registered manager who informed all staff supporting that person.

People's care plans had been developed with them and their families from the initial assessments carried out by a member of the management team. Care plans were individualised and contained detailed information and clear guidance about all aspects of a person's health, social and personal care needs, which helped staff to meet people's needs. They included guidance about people's specific daily routines, health condition support, communication and life histories. People's care plans and guidelines were person centred, they detailed what people could do for themselves and what support they required from staff. For example, one care plan detailed the specific support the person required as soon as staff entered the persons' home. One person said "If the staff haven't been before they ask to see my care plan and then they'll sign it to say they have read it."

The provider actively built links with other local health care providers to share best practice among providers. The provider had taken part in a recent pilot scheme to reduce the number of hospital admissions. This involved trialling various pieces of new equipment to promote people's independence, with the aim to enable people to live in their homes. This had enabled one person to continue living in their home with the use of an alert system which informed people if additional support was required. The registered manager told us that this individual would not have been able to stay living in their home without this.

Systems were in place to ensure people's care plans were reviewed with them on a regular basis. The provider used an online system which highlighted when people's reviews were due. This was then arranged and completed by the two dedicated members of the assessment and review team. Reviews were completed three monthly or more frequently if people's needs changed. Records showed and people confirmed that they had been involved in the development and review of their care plans. Prompt action was taken to address any changes in people needs. For example, one person had recently been discharged from hospital. Detailed guidance and information had been put into place to ensure staff had the most up to date information to meet the persons' changed needs. The provider had invested and purchased a laptop, mobile printer and scanner which the reviewers would take with them. This ensured the review was fully completed and updated on the day, reducing repeated visits for people, and enabling them to have a copy of their care plan. People and their staff had immediate up to date information on how to meet their needs.

For some people, support with social activities and accessing the community was part of their care package. Staff were able to tell us about things people enjoyed and liked to do. Plans were in place to inform staff of the support people required whilst participating in activities or accessing the community. Records showed that staff supported one person to access a gym. This enabled the person to maintain and develop social skills as well as improving their health.

People and staff told us the provider and office manager "Went the extra mile" to respond to their needs. One person told us that they had moved into a new property and found there were parking restrictions in place, which meant that staff were not able to stay for the allocated time to meet their needs. "The provider met with the building manager and they arranged for staff to park in a set place and they could stay as long as they need. I didn't have to ask, he just did it and I thought it was very good." This enabled the person to receive their full allocated support time without worrying that they were "Breaking the rules." Another person said "When the light bulb on my light went my carer went to the shops and got me a bulb, and brought it back so I would not be in the dark, they do little extra things." A member of staff told us that during a visit they noticed the person did not have any food in their house. They reported this to the office and when they returned for the tea time call, there was food. "The provider had gone out and bought them food from his own pocket." Staff had supported one person to access an independent advocacy service after they had fallen into financial difficulty. Staff had also supported the person to make a complaint to the local authority. People could be assured that their well-being as well as care and support needs would be met.

The 'dementia champion' for the service had worked with a family whose loved one had dementia. They spent time teaching the family about how it affected people, and the way people's behaviours could change and be displayed. Following this the family of the person had a clearer understanding of why the person was behaving the way they were. The person continued living with their family as they had wanted.

The provider had a complaints policy and procedure in place which was available to people and their relatives within their service user handbook. This included the procedure people could follow if they were not happy with the complaint response. People told us they were aware of the complaints procedure and felt comfortable and confident that the registered manager or the office manager would address any concerns if they had any. Staff told us they would talk to any of the management team if they had any concerns or issues, and would support people to complain if they wished to. Records showed the procedure had been followed by the registered manager and the office manager following a complaint. One person said, "The office staff are brilliant I can't fault them, they listen and respond." Another said, "I have no complaints they are good at timekeeping." A third person told us they had previously made a complaint to the office staff which was "sorted out quickly." The provider had received 44 complaints in the twelve months prior to our inspection, these has been responded to as per their policy.

The provider viewed concerns and complaints as a way of driving improvements in the service people received. The office manager completed a monthly audit of any complaints that had been received. As a result of feedback which had been received following complaints, the provider had ensured that people received a copy of the rota, showing who would be supporting them. Other complaints had been used to make improvements to the service. For example, staff had been spoken to regarding how they left people's houses if they had used the bathroom.

Is the service well-led?

Our findings

People we spoke with, staff, health and social care professionals all spoke highly of the provider and the management team. People said "The office people do not judge you or get cross if you have an issue." Another said "The office is very accommodating. They're very calm and always say who is speaking." A commissioner said, "Office staff are very nice and efficient. Manager always puts forward ideas in improving care and communication."

The registered manager was also the provider of Accessible Care. The registered manager was supported by an office manager and a client liaison officer who had several years' experience in domiciliary care. Staff we spoke with understood the management structure, who they were accountable to, and their role and responsibility in providing care for people. Staff spoke highly of the registered manager saying they were "Open, honest and listens." The office manager said they received support from the registered manager who they met with on a weekly basis to discuss any issues that had arisen. They also said the registered manager welcomed and encouraged development and progression with all of the staff. For example, the office manager was completing an additional qualification to develop her skills with an aim to progress to the registered manager of the service.

The registered manager and office manager had a good understanding of their role and responsibility to provide quality care and support to people. They understood that they were required to submit information to the Care Quality Commission (CQC) when reportable incidents had occurred. For example, if a person had died or had had an accident. All notifiable incidents had been reported correctly.

Staff we spoke with felt there was an open culture within the organisation and they were kept informed of what was going on. The provider operated a 'carer of the month award' this was given to staff following feedback they had received from people that used the service. Staff told us they felt valued as an employee by this recognition. When talking about the company they said, "They're a good company, they look after you." Another said "I can honestly say I love it, I love my job." A third said "We can always call or email day or night and they will always answer." Systems were in place to ensure staff working within the community were communicated with on a regular basis. A staff briefing, in the form of a newsletter was sent to all staff once a month with information and updates to help keep staff in touch. The briefing was comprehensive and informative, items covered included 'carer's recognition' and the 'carer of the month'. The newsletter was also used as a way to reinforce the companies mission and values.

The provider had a clear vision, philosophy and set of standards for the service which included ensuring everyone is valued for who they are and that the "rights of the client are paramount." These were described in the 'Statement of Purpose' and 'Service User Guide'. These documents about the service were given to people and their representatives and were available on the provider's website. These documents helped people to understand what they could expect from the service. The registered manager told us they had an open door policy and tried their best to run a "flat organisation" where anyone could suggest ideas for improvement which were listened to. Staff we spoke with confirmed this. They said, "What I like here, you can go to anyone, they're very approachable." And "If I have a query or concern I don't ask to speak to a

specific person because they're all there and they're all helpful." Staff were aware of the vision and values and described how they put these into practice. The management team were proud of the service they provided to people and were committed to providing a service that was 'person centred'. The office manager knew everyone by name and knew specific details of how people liked to be supported. People confirmed they knew the office manager well and said they would rate the management as either "Outstanding or good."

People, their representatives and staff were involved in the development of the service. Systems were in place to regularly monitor the quality of the service that was provided including, spot checks, reviews and surveys. People, their representative's and staff views about the service were sought through annual survey questionnaires. These were written in a way people could understand. The results showed that people were very happy with the support they received. Feedback from the surveys was overwhelmingly positive. Comments included, 'We are very happy to welcome carers into our parent's house. They are a lovely friendly team.' Another said, 'We have been more than satisfied with the help. Can't praise them enough.' A third said 'My two carers are outstanding.' People and those acting on their behalf had their comments and complaints listened to and acted on. The registered manager told us that people were also given another copy of the satisfaction survey at their monthly review. People's views were actively sought and acted on by the registered manager and other member of the management team.

The provider had an audit schedule in place which included audits and spot checks by the assessors and a member of the management team to discuss people's experience of using the service. When shortfalls were identified, either through the audits or surveys these were used to address with staff and action taken. An example of this included the welcome telephone calls. People's feedback showed that the welcome pack people received was a lot of information for some people to take in. As a result the provider now included a welcome telephone call to ensure people understood all of the information they required. Reports following the audits detailed any actions that were required. Feedback was collated and reported back to the people using the service, which included any action that had been taken by the provider. Observational audits were completed by the management team. These included observations of the staff, their performance and the quality of the service being provided to people. Staff were given feedback about how to improve and improve the service to people.

The provider took part in organisations and associations to keep updated with the current best practice. For example, Kent community care association which holds regular meetings the registered manager attended. The service had links with the local community and information was shared with people using the service who required additional services the provider did not offer. For example, chiropody or day centres. One person told us they found having information regarding other service available was "very helpful". The office manager had signed up to a variety of challenges and accreditations to drive improvement and update their practice. These included, Skills for care social care commitment, dementia champion and the dignity in care challenge. The dementia champion had been used to support the loved ones of a person who had been diagnosed with dementia, to understand what this means to them and the person. The registered manager said their "Vision is to keep using technology to improve our service being given to people." People were receiving care and support from staff who were equipped with the skills and knowledge to meet their needs.